PTO/SB/06 (12-04)
Approved for use through 7/31/2008, OMB 0851-0032
U.S. Palanti and Tradamark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pepelwork Re PATEN	T APPLICA	TION FE	E DETE	RMINATIO	DN ON	RECORD	rmation unles	Applic	arra a valid OMB arrion or Doctor N	control number
Substitute for Form PTO-875  APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR OR		R THAN ENTITY
· FOR	NUMBER FILED .		NUMBER EXTRA		1	RATE (\$)	FEE (\$)	Ì.,		
BASIC FEE 27 CFR 1.18(a), (b), or (ci)					1	MIE(4)	, FEE (0)	1	RATE (5)	FEE (3)
SEARCH FEE BT CFR 1.46(0), (0), or (m))									ļ	<u> </u>
XAMINATION FEE 17 CFR 1.16(b), (b), or (d))				1			1			
FOTAL CLAIMS 197 CFR 1.16(1))	minus 20 =		•		]	× 25.		OR	x50 .	,
NDEPENDENT CLAIMS 37 CFR 1.18(10)	. minus 3 =		•		ŀ	× /08 .			x200.	
APPLICATION SIZE  FEE  (37 CFR 1.16(s))  If the specification and drawings accessed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								Ì		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160)						180			360	•
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II										
(Column 1) (Column 2) (Column 3)						SMALLE	NTITY	OR	OTHER SMALL	
# 1/20000 RI	CLAIMS EMAINING AFTER ENDMENT	PRE	IGHEST LUMBER EVIOUSLY AID FOR	PŘESENT EXTRA		RATE (3)	ADOF TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL
Total .*		inus **	32	* /	r	×25.	PED(#)	OR	x 50 =	FEE (\$)
tndependent C7 OFR L1600		inus		• /		x 100 .		OR	x 200	1./
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.46(I))						180		OR	340	
						ADDL FEE	<i>/</i> ·	OR .	ADDIL FEE	
(Column 1) (Column 2) (Column 3)						. /				
1721UV RE	CLAIMS EMAINING AFTER ENDMENT	N PRE	IGHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)	,	RATE (\$)	ADDI- TIONAL
Total •		inus **	22	=		×20 .	, rec (4)	OR	x (71 =	FEE (\$)
Independent (37 OFR 1.160.0)		inus	7	•		× (Ch =		OR	x 21/1:	· · · · · · · · · · · · · · · · · · ·
AMENDMENT PARD FOR  Total gr off 1.16(g) 3 Minus 3 T Minus 4 T Min								-,,		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))						180		OR	360	•
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
• If the entry in column • If the "Highest Numb ••• If the "Highest Numb	or Previously Pak	d For IN Th	iis space (	s less than 20.	ente	er "20".	لـــــــ	•		

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